

\$ 394

PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|  |                          |                                |
|--|--------------------------|--------------------------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2006</b>                                   | <b>Complete if Known</b> |                                |
|  | Application Number       | 10/615,844-Conf. #9987         |
|  | Filing Date              | July 10, 2003                  |
|  | First Named Inventor     | Johann KINDLEIN                |
|  | Examiner Name            | Sara Lustusky                  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | Art Unit                 | 3735                           |
| <b>TOTAL AMOUNT OF PAYMENT</b>   | <b>(\$)</b> 120.00       | Attorney Docket No. 3560-0131P |

|   |  |
|---|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |  |
| <input checked="" type="checkbox"/> Check   | <input type="checkbox"/> Credit Card   |
| <input type="checkbox"/> Money Order  | <input type="checkbox"/> None  |
| <input type="checkbox"/> Other (please identify): _____   |  |
| <input type="checkbox"/> Deposit Account  | Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch, LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |  |
| <input type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee                            |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments  |

|   |                     |   |                    |                      |                         |                     |                       |
|---|---------------------|---|--------------------|----------------------|-------------------------|---------------------|-----------------------|
| <b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)   |                     |   |                    |                      |                         |                     |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                    |                      |                         |                     |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b> |                      | <b>EXAMINATION FEES</b> |                     |                       |
|   |                     | <u>Small Entity</u>                                     |                    | <u>Small Entity</u>  |                         | <u>Small Entity</u> |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>      | <b>Fee (\$)</b>         | <b>Fee (\$)</b>     | <b>Fees Paid (\$)</b> |
| Utility   | 300                 | 150   | 500                | 250                  | 200                     | 100                 |                       |
| Design  | 200                 | 100   | 100                | 50                   | 130                     | 65                  |                       |
| Plant   | 200                 | 100   | 300                | 150                  | 160                     | 80                  |                       |
| Reissue   | 300                 | 150   | 500                | 250                  | 600                     | 300                 |                       |
| Provisional   | 200                 | 100   | 0                  | 0                    | 0                       | 0                   |                       |
|   |                     |   |                    |                      |                         |                     | <b>Small Entity</b>   |
|   |                     |   |                    |                      |                         |                     | <b>Fee (\$)</b>       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                    |                      |                         |                     | <b>Fee (\$)</b>       |
| <b>Fee Description</b>  |                     |   |                    |                      |                         |                     | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                     |   |                    |                      |                         |                     | 50                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                    |                      |                         |                     | 200                   |
| Multiple dependent claims   |                     |   |                    |                      |                         |                     | 360                   |
| <b>Total Claims</b>   |                     |   |                    |                      |                         |                     | <b>Fee Paid (\$)</b>  |
| 22 - = _____ x _____ = _____  |                     |   |                    |                      |                         |                     |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                    |                      |                         |                     |                       |
| <b>Indep. Claims</b>  |                     |   |                    |                      |                         |                     | <b>Fee Paid (\$)</b>  |
| 2 - = _____ x _____ = _____   |                     |   |                    |                      |                         |                     |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                    |                      |                         |                     |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                    |                      |                         |                     |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                    |                      |                         |                     |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                         |                     |                       |
| _____ - 100 = _____   | /50                 | _____ (round up to a whole number) x _____              | = _____            |                      |                         |                     |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                    |                      |                         |                     |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                    |                      |                         |                     |                       |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00  |                     |   |                    |                      |                         |                     |                       |

|                     |                    |                                   |                   |
|---------------------|--------------------|-----------------------------------|-------------------|
| <b>SUBMITTED BY</b> |                    |                                   |                   |
| Signature           |                    | Registration No. (Attorney/Agent) | 32,334            |
| Name (Print/Type)   | Joe McKinney Muncy | Telephone                         | (703) 205-8026    |
|                     |                    | Date                              | September 5, 2006 |

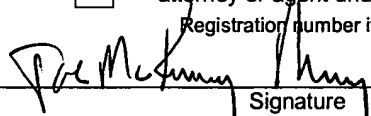


PTO/SB/22 (12-04)

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|   |                                  |  |                         |
|---|----------------------------------|--|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                                  | Docket Number (Optional)<br>3560-0131P |                         |
| Application Number<br>10/615,844-Conf. #9987  |                                  | Filed<br>July 10, 2003                 |                         |
| For A URETHRAL PROBE DEVICE FOR EFFECTING RADIATION TREATMENT (As Amended)  |                                  |  |                         |
| Art Unit<br>3735  |                                  | Examiner<br>Sara Lustusky              |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |  |                         |
|   |                                  | <u>Fee</u>                             | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))    | \$120                                  | \$60 \$ 120.00          |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$450                                  | \$225 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3)) | \$1020                                 | \$510 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1590                                 | \$795 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2160                                 | \$1080 \$               |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |  |                         |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.   |                                  |  |                         |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |  |                         |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                                  |  |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448. I have enclosed a duplicate copy of this sheet.                             |                                  |  |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |  |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |  |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 32,334   |                                  |  |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |                                  |  |                         |
| <br>Signature  |                                  | September 5, 2006<br>Date              |                         |
| Joe McKinney Muncy<br>Typed or printed name   |                                  | (703) 205-8026<br>Telephone Number     |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |                                  |  |                         |
| <input type="checkbox"/> Total of 1 forms are submitted.  |                                  |  |                         |

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